

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021949

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5429

STATE FILE NUMBER

FILED MAY 27 1963

1. PLACE OF DEATH

a. COUNTY ~~St. Louis~~ **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis, Mo.**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Jewish Hosp.**

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
**4159 McGree**

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

**EDA**

**(NMI)**

**MASON**

4. DATE OF DEATH

Month Day Year

**May 19, 1963**

5. SEX

**female**

6. COLOR OR RACE

**white**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**7/26/1895**

9. AGE (last birthday)

**67**

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

**Washington Co. Mo.**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

13a. FATHER'S NAME

**John G. Turnbough**

13b. MOTHER'S MAIDEN NAME

**Mary F. Mason**

14. NAME OF HUSBAND OR WIFE

**Ed Deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

**no**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Howard Mason St. Louis, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary thrombosis**

INTERVAL BETWEEN ONSET AND DEATH

**18 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**arteriosclerosis**

**years**

DUE TO (c)

**+20.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour . Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **5/1/63** to **5/19/63** and last saw her alive on **5/19/63**  
Death occurred at **9:15 A.** m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

**Mealy S. Franklin**

(Degree or title)

**MD**

22b. ADDRESS

**607 N. Grand Ave.**

22c. DATE SIGNED

**5/20/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE

**5/22/63**

23c. NAME OF CEMETERY OR CREMATORY

**Sunset Hills Cemetery**

23d. LOCATION (City, town, or county)

**Potosi, Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Donald P. Sparks Potosi, Mo.**

25. DATE RECD. BY LOCAL REG.

**MAY 21 1963**

26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

1

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3

VS 300

Rev. 4/59

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64-0

64

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat 12, No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.